

FORM OF NOMINATION

10109100

RELIANCE INDUSTRIES LTD. EMPLOYEES GRATUITY FUND

1. Name of the Employee **MR. HIMANSHU RAJ**
(Name in block letters)
2. Sex **Male** 3. Religion **Hindu**
4. Father's Name **Rakesh Kumar**
5. Husband's Name
(for married woman only)
6. Marital Status **Single** (whether married, unmarried, widow, widower)
7. Date of Birth : Day **04** Month **06** Year **2004**
8. Permanent Address **NA .**
P.O. Lodipur Niwada, Vill. Niwada
Village **Hamirpur** Taluka / Sub-division
Post Office **210501**
District **Hamirpur** State **Uttar Pradesh**

I hereby nominate the person(s) mentioned below to receive the amount of Gratuity Fund in the event of my death before that amount become payable, has not been paid, and direct that the said amount shall be distributed among the said person(s) in the manner shown against their names :

Name & Address Of Nominee or Nominees	Nominee's Relationship with employee	Age of Nominee	Proportion to be paid to each Nominee***
--	---	-------------------	---

Rakesh Kumar	Father	45 Yrs.	50.00%
---------------------	---------------	----------------	---------------

Vill. Niwada P.O. Lodipur Niwada, Dist. Hamirpur, UP, 210501

Jay Kunwar	Mother	40 Yrs.	50.00%
-------------------	---------------	----------------	---------------

Vill. Niwada P.O. Lodipur Niwada, Dist. Hamirpur, UP, 210501

1. Certified that I have no family and should I acquire family hereafter, the above nomination should be deemed as cancelled.

2. * Certified that my father/mother/sister(s)/ minor brother(s) is/ are dependent upon me.

Dated this **Thirtieth** day of **August** ' **2025**
at _____.

Two witness to signature

- 1.
2. (Signature of Employee).

Certified that the above declaration has been signed by Shri/Smt.
before me after*** he/ she has read the entries / * the entries have been read over to him/ her by me.

Signature of the Employer/ Officer Authorised.